



OFFICE OF THE PUBLIC ACCESS COUNSELOR FORMAL COMPLAINT

State Form 49407 (R2 / 7-01)
Indiana Government Center South
Indianapolis, IN 46204
Telephone: (317) 233-9435 or 1 (800) 228-6013
Facsimile: (317) 233-3091

FOR OFFICE USE ONLY

Date received (*month, day, year*)

Complaint number

INSTRUCTIONS: *This form is to be used only when filing complaints under Indiana Code 5-14-5. All information provided is disclosable under the Access to Public Record Act.* PLEASE TYPE OR PRINT.

COMPLAINANT INFORMATION

Name (*last, first, middle initial*)

Address (*number and street*)

City

State

ZIP code

Telephone number

Facsimile number

E-mail address

INFORMATION ABOUT PUBLIC AGENCY DENYING ACCESS

Name of public agency

Address (*number and street*)

City

State

ZIP code

Telephone number

Facsimile number

E-mail address

Name of Elected / Appointed Official or Presiding Officer responsible for the denial

COMPLAINT (Check All That Apply)

☐ **Open Door Law Violation**

☐ Executive Session

☐ Notice ☐ Other _____

☐ **Public Records Access Violation**

☐ Denial of Access

☐ Denial of Electronic Access

☐ Other _____

☐ Copy Fee

☐ **Request for priority status** [See Indiana Admin. Code (62 IAC 1-1-3)]

IMPORTANT

Date denied access to public record:

Date notified of denial of access to meeting:

Please describe denial of access to meeting or public records below. Attach additional sheets if necessary. (*Required*)

PLEASE ATTACH COPIES OF ANY WRITTEN DENIAL OR DOCUMENTATION CONCERNING DENIAL

Signature

Date (*month, day, year*)